







## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
CT	High Self	CH1	New Plan	181.71	136.28	45.43	N/A	New Plan	393.71	295.28	98.43	N/A
	High Family	CH2	New Plan	427.00	316.08	110.92	N/A	New Plan	925.17	684.84	240.33	N/A
	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
CT	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
	Aetna Open Access											
	High Self	JC1	177.65	193.06	139.18	53.88	7.31	384.91	418.30	301.56	116.74	15.84
	High Family	JC2	437.30	475.22	316.08	159.14	20.07	947.48	1029.64	684.84	344.80	43.49
CT	ConnectiCare											
	High Self	TE1	168.29	201.41	139.18	62.23	20.16	364.63	436.39	301.56	134.83	43.67
	High Family	TE2	425.79	458.24	316.08	142.16	14.60	922.55	992.85	684.84	308.01	31.63
	Standard Self	TE4	New Plan	167.76	125.82	41.94	N/A	New Plan	363.48	272.61	90.87	N/A
	Standard Family	TE5	New Plan	381.71	286.28	95.43	N/A	New Plan	827.04	620.28	206.76	N/A
DE	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
DE	Coventry Health Care											
	High Self	2J1	193.32	183.97	137.98	45.99	-16.25	418.86	398.60	298.95	99.65	-35.20
	High Family	2J2	488.13	459.92	316.08	143.84	-46.06	1057.62	996.49	684.84	311.65	-99.80
	Standard Self	2J4	159.40	147.56	110.67	36.89	-2.96	345.37	319.71	239.78	79.93	-6.41
	Standard Family	2J5	391.87	368.88	276.66	92.22	-5.75	849.05	799.24	599.43	199.81	-12.45
	High Deductible Self	LK1	New Plan	131.10	98.33	32.77	N/A	New Plan	284.05	213.04	71.01	N/A
	High Deductible Family	LK2	New Plan	317.66	238.25	79.41	N/A	New Plan	688.26	516.20	172.06	N/A
DC	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program													
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates				
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
		High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
		High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
DC		Aetna Open Access											
		High Self	JN1	176.00	193.90	139.18	54.72	9.80	381.33	420.12	301.56	118.56	21.24
		High Family	JN2	394.23	434.31	316.08	118.23	19.67	854.17	941.01	684.84	256.17	42.63
		Basic Self	JN4	115.88	124.28	93.21	31.07	2.10	251.07	269.27	201.95	67.32	4.55
		Basic Family	JN5	271.17	290.84	218.13	72.71	4.92	587.54	630.15	472.61	157.54	10.66
DC		CareFirst BlueChoice											
		High Self	2G1	181.64	194.80	139.18	55.62	5.06	393.55	422.07	301.56	120.51	10.97
		High Family	2G2	408.63	438.26	316.08	122.18	11.78	885.37	949.56	684.84	264.72	25.52
DC		Kaiser Foundation Health Plan Mid-Atlantic States											
		High Self	E31	159.22	178.64	133.98	44.66	4.86	344.98	387.05	290.29	96.76	10.52
		High Family	E32	378.96	425.17	316.08	109.09	14.35	821.08	921.20	684.84	236.36	31.09
		Standard Self	E34	128.15	107.15	80.36	26.79	-5.25	277.66	232.16	174.12	58.04	-11.37
		Standard Family	E35	305.00	255.01	191.26	63.75	-12.50	660.83	552.52	414.39	138.13	-27.08
DC		M.D. IPA											
		High Self	JP1	161.10	175.65	131.74	43.91	3.64	349.05	380.58	285.44	95.14	7.88
		High Family	JP2	386.69	421.63	316.08	105.55	8.88	837.83	913.53	684.84	228.69	19.23
FL		Aetna HealthFund											
		Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
		Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
		High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
		High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
FL		Av-Med Health Plan											
		High Self	ML1	157.08	159.64	119.73	39.91	0.64	340.34	345.89	259.42	86.47	1.39
		High Family	ML2	408.39	415.02	311.27	103.75	-6.41	884.85	899.21	674.41	224.80	-13.88
		Standard Self	ML4	125.52	133.86	100.40	33.46	2.08	271.96	290.03	217.52	72.51	4.52
		Standard Family	ML5	326.33	347.99	260.99	87.00	5.42	707.05	753.98	565.49	188.49	11.73
FL		Capital Health Plan											
		High Self	EA1	163.02	152.93	114.70	38.23	-2.52	353.21	331.35	248.51	82.84	-5.46

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2006 Biweekly premium rates					2006 Monthly premium rates				
Plan - Option - Enrollment Code			2005 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2005 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
FL	High Family	EA2	432.00	405.27	303.95	101.32	-32.45	936.00	878.09	658.57	219.52	-70.31
	Humana CoverageFirst											
	Consumer Driven Self	BP1	New Plan	140.37	105.28	35.09	N/A	New Plan	304.14	228.11	76.03	N/A
	Consumer Driven Family	BP2	New Plan	322.84	242.13	80.71	N/A	New Plan	699.49	524.62	174.87	N/A
FL	Humana CoverageFirst											
	Consumer Driven Self	DL1	New Plan	129.57	97.18	32.39	N/A	New Plan	280.74	210.56	70.18	N/A
	Consumer Driven Family	DL2	New Plan	298.00	223.50	74.50	N/A	New Plan	645.67	484.25	161.42	N/A
FL	Humana CoverageFirst											
	Consumer Driven Self	MJ1	103.08	118.77	89.08	29.69	3.92	223.34	257.34	193.01	64.33	8.50
	Consumer Driven Family	MJ2	237.09	273.18	204.89	68.29	9.02	513.70	591.89	443.92	147.97	19.55
FL	Humana CoverageFirst											
	Consumer Driven Self	MQ1	107.98	129.57	97.18	32.39	5.40	233.96	280.74	210.56	70.18	11.69
	Consumer Driven Family	MQ2	248.38	298.00	223.50	74.50	12.41	538.16	645.67	484.25	161.42	26.88
FL	Humana CoverageFirst											
	Consumer Driven Self	QP1	98.18	107.96	80.97	26.99	2.45	212.72	233.91	175.43	58.48	5.30
	Consumer Driven Family	QP2	225.80	248.34	186.26	62.08	5.63	489.23	538.07	403.55	134.52	12.21
FL	Humana CoverageFirst											
	Consumer Driven Self	YG1	112.91	124.18	93.14	31.04	2.81	244.64	269.06	201.80	67.26	6.10
	Consumer Driven Family	YG2	259.67	285.59	214.19	71.40	6.48	562.62	618.78	464.09	154.69	14.04
FL	Humana Medical Plan											
	High Self	EE1	151.86	157.33	118.00	39.33	1.37	329.03	340.88	255.66	85.22	2.96
	High Family	EE2	349.28	361.85	271.39	90.46	3.14	756.77	784.01	588.01	196.00	6.81
FL	JMH Health Plan											
	High Self	J81	146.92	164.04	123.03	41.01	4.28	318.33	355.42	266.57	88.85	9.27
	High Family	J82	363.52	405.91	304.43	101.48	10.60	787.63	879.47	659.60	219.87	22.96
FL	Vista Healthplan											
	High Self	3N1	179.64	195.60	139.18	56.42	7.86	389.22	423.80	301.56	122.24	17.03
	High Family	3N2	493.88	537.76	316.08	221.68	26.03	1070.07	1165.15	684.84	480.31	56.41
FL	Vista Healthplan											
	High Self	UL1	157.61	208.99	139.18	69.81	30.41	341.49	452.81	301.56	151.25	65.88

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2006 Biweekly premium rates				2006 Monthly premium rates					
Plan - Option - Enrollment Code			2005 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2005 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
FL	High Family	UL2	420.83	557.97	316.08	241.89	119.29	911.80	1208.94	684.84	524.10	258.47
	Vista Healthplan											
	High Self	Y91	132.19	156.52	117.39	39.13	6.08	286.41	339.13	254.35	84.78	13.18
	High Family	Y92	353.00	417.97	313.48	104.49	16.24	764.83	905.60	679.20	226.40	35.19
FL	Vista Healthplan of South Florida											
	High Self	5E1	134.08	138.33	103.75	34.58	1.06	290.51	299.72	224.79	74.93	2.30
	High Family	5E2	368.73	380.43	285.32	95.11	2.93	798.92	824.27	618.20	206.07	6.34
GA	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
GA	Aetna Open Access											
	High Self	2U1	152.77	169.29	126.97	42.32	4.13	331.00	366.80	275.10	91.70	8.95
	High Family	2U2	368.52	408.38	306.29	102.09	9.96	798.46	884.82	663.62	221.20	21.59
GA	Coventry Health Care of Georgia											
	High Deductible Self	L51	112.58	137.18	102.89	34.29	6.15	243.92	297.22	222.92	74.30	13.32
	High Deductible Family	L52	258.95	317.70	238.28	79.42	14.68	561.06	688.35	516.26	172.09	31.83
GA	Humana CoverageFirst											
	Consumer Driven Self	AD1	New Plan	91.78	68.84	22.94	N/A	New Plan	198.86	149.15	49.71	N/A
	Consumer Driven Family	AD2	New Plan	211.09	158.32	52.77	N/A	New Plan	457.36	343.02	114.34	N/A
GA	Humana CoverageFirst											
	Consumer Driven Self	LM1	New Plan	113.37	85.03	28.34	N/A	New Plan	245.64	184.23	61.41	N/A
	Consumer Driven Family	LM2	New Plan	260.76	195.57	65.19	N/A	New Plan	564.98	423.74	141.24	N/A
GA	Kaiser Foundation Health Plan Of Geogria, Inc.											
	High Self	F81	140.97	154.36	115.77	38.59	3.35	305.44	334.45	250.84	83.61	7.25
	High Family	F82	357.90	391.87	293.90	97.97	8.50	775.45	849.05	636.79	212.26	18.40
	Standard Self	F84	106.11	116.19	87.14	29.05	2.52	229.91	251.75	188.81	62.94	5.46
	Standard Family	F85	269.39	294.99	221.24	73.75	6.40	583.68	639.15	479.36	159.79	13.87
	High Deductible Self	GW1	New Plan	132.85	99.64	33.21	N/A	New Plan	287.84	215.88	71.96	N/A





## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Self	IK1	152.11	159.74	119.81	39.93	1.90	329.57	346.10	259.58	86.52	4.13
	High Family	IK2	375.42	405.45	304.09	101.36	7.51	813.41	878.48	658.86	219.62	16.27
IL	BlueCHOICE											
	High Self	9G1	177.50	199.24	139.18	60.06	13.64	384.58	431.69	301.56	130.13	29.56
	High Family	9G2	384.30	431.39	316.08	115.31	19.24	832.65	934.68	684.84	249.84	41.68
IL	Group Health Plan, Inc.											
	High Self	MM1	205.81	230.52	139.18	91.34	16.61	445.92	499.46	301.56	197.90	35.99
	High Family	MM2	444.53	497.90	316.08	181.82	35.52	963.15	1078.78	684.84	393.94	76.96
	High Deductible Self	MM4	170.30	184.04	138.03	46.01	3.44	368.98	398.75	299.06	99.69	7.45
	High Deductible Family	MM5	364.62	394.61	295.96	98.65	7.50	790.01	854.99	641.24	213.75	16.25
IL	Health Alliance HMO											
	High Self	FX1	181.36	197.67	139.18	58.49	8.21	392.95	428.29	301.56	126.73	17.79
	High Family	FX2	423.25	461.34	316.08	145.26	20.24	917.04	999.57	684.84	314.73	43.86
IL	Humana CoverageFirst											
	Consumer Driven Self	MW1	78.54	91.78	68.84	22.94	3.31	170.17	198.86	149.15	49.71	7.17
	Consumer Driven Family	MW2	180.64	211.09	158.32	52.77	7.61	391.39	457.36	343.02	114.34	16.49
IL	Humana Health Plan Inc.											
	High Self	751	171.78	179.04	134.28	44.76	1.82	372.19	387.92	290.94	96.98	3.93
	High Family	752	395.11	411.78	308.84	102.94	4.16	856.07	892.19	669.14	223.05	9.03
	Standard Self	754	121.84	127.72	95.79	31.93	1.47	263.99	276.73	207.55	69.18	3.18
	Standard Family	755	280.22	293.77	220.33	73.44	3.39	607.14	636.50	477.38	159.12	7.34
IL	John Deere Health Plan											
	High Self	YH1	151.51	159.71	119.78	39.93	2.05	328.27	346.04	259.53	86.51	4.44
	High Family	YH2	371.19	391.30	293.48	97.82	5.02	804.25	847.82	635.87	211.95	10.89
IL	Mercy Health Plans											
	High Self	7M1	216.77	242.78	139.18	103.60	17.91	469.67	526.02	301.56	224.46	38.80
	High Family	7M2	468.23	524.42	316.08	208.34	38.34	1014.50	1136.24	684.84	451.40	83.07
IL	OSF Health Plans, Inc.											
	High Self	9F1	164.47	175.05	131.29	43.76	2.64	356.35	379.28	284.46	94.82	5.73
	High Family	9F2	432.52	460.34	316.08	144.26	9.97	937.13	997.40	684.84	312.56	21.60

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program													
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates				
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
		High Deductible Self	9F4	148.24	138.31	103.73	34.58	-2.48	321.19	299.67	224.75	74.92	-5.38
		High Deductible Family	9F5	368.61	342.49	256.87	85.62	-6.53	798.66	742.06	556.55	185.51	-14.15
IL		PersonalCares HMO											
		High Self	GE1	132.38	164.87	123.65	41.22	8.13	286.82	357.22	267.92	89.30	17.60
		High Family	GE2	340.23	423.74	316.08	107.66	22.60	737.17	918.10	684.84	233.26	48.97
IL		Unicare HMO											
		High Self	171	167.51	193.90	139.18	54.72	12.84	362.94	420.12	301.56	118.56	27.83
		High Family	172	430.02	430.02	316.08	113.94	-17.85	931.71	931.71	684.84	246.87	-38.67
		Standard Self	174	New Plan	174.90	131.18	43.72	N/A	New Plan	378.95	284.21	94.74	N/A
		Standard Family	175	New Plan	387.88	290.91	96.97	N/A	New Plan	840.41	630.31	210.10	N/A
		High Deductible Self	721	New Plan	224.70	139.18	85.52	N/A	New Plan	486.85	301.56	185.29	N/A
		High Deductible Family	722	New Plan	487.45	316.08	171.37	N/A	New Plan	1056.14	684.84	371.30	N/A
IL		Union Health Service											
		High Self	761	131.19	138.40	103.80	34.60	1.80	284.25	299.87	224.90	74.97	3.91
		High Family	762	325.36	343.25	257.44	85.81	4.47	704.95	743.71	557.78	185.93	9.69
IL		UnitedHealthcare of the Midwest											
		High Self	B91	New Plan	164.70	123.53	41.17	N/A	New Plan	356.85	267.64	89.21	N/A
		High Family	B92	New Plan	387.08	290.31	96.77	N/A	New Plan	838.67	629.00	209.67	N/A
IN		Advantage Health Solutions, Inc.											
		High Self	6Y1	183.68	215.48	139.18	76.30	23.70	397.97	466.87	301.56	165.31	51.35
		High Family	6Y2	431.28	505.94	316.08	189.86	56.81	934.44	1096.20	684.84	411.36	123.09
		High Deductible Self	6Y4	174.45	173.98	130.49	43.49	-0.12	377.98	376.96	282.72	94.24	-0.25
		High Deductible Family	6Y5	396.49	390.87	293.15	97.72	-1.40	859.06	846.89	635.17	211.72	-3.04
IN		Aetna HealthFund											
		Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
		Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
		High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
		High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
IN		Aetna Open Access											
		High Self	IK1	152.11	159.74	119.81	39.93	1.90	329.57	346.10	259.58	86.52	4.13

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
IN	High Family	IK2	375.42	405.45	304.09	101.36	7.51	813.41	878.48	658.86	219.62	16.27
IN	Aetna Open Access											
	High Self	RD1	162.03	162.51	121.88	40.63	0.12	351.07	352.11	264.08	88.03	0.26
	High Family	RD2	393.74	401.79	301.34	100.45	2.02	853.10	870.55	652.91	217.64	4.37
IN	Arnett HMO											
	High Self	G21	144.38	164.60	123.45	41.15	5.06	312.82	356.63	267.47	89.16	10.96
	High Family	G22	375.40	427.97	316.08	111.89	18.04	813.37	927.27	684.84	242.43	39.09
IN	Health Alliance HMO											
	High Self	FX1	181.36	197.67	139.18	58.49	8.21	392.95	428.29	301.56	126.73	17.79
	High Family	FX2	423.25	461.34	316.08	145.26	20.24	917.04	999.57	684.84	314.73	43.86
IN	Humana CoverageFirst											
	Consumer Driven Self	BM1	117.81	129.56	97.17	32.39	2.94	255.26	280.71	210.53	70.18	6.37
	Consumer Driven Family	BM2	270.96	297.99	223.49	74.50	6.76	587.08	645.65	484.24	161.41	14.64
IN	Humana CoverageFirst											
	Consumer Driven Self	HZ1	New Plan	107.97	80.98	26.99	N/A	New Plan	233.94	175.46	58.48	N/A
	Consumer Driven Family	HZ2	New Plan	248.34	186.26	62.08	N/A	New Plan	538.07	403.55	134.52	N/A
IN	Humana CoverageFirst											
	Consumer Driven Self	L81	98.18	97.18	72.89	24.29	-0.25	212.72	210.56	157.92	52.64	-0.54
	Consumer Driven Family	L82	225.80	223.51	167.63	55.88	-0.57	489.23	484.27	363.20	121.07	-1.24
IN	Humana CoverageFirst											
	Consumer Driven Self	MW1	78.54	91.78	68.84	22.94	3.31	170.17	198.86	149.15	49.71	7.17
	Consumer Driven Family	MW2	180.64	211.09	158.32	52.77	7.61	391.39	457.36	343.02	114.34	16.49
IN	Humana Health Plan Inc.											
	High Self	751	171.78	179.04	134.28	44.76	1.82	372.19	387.92	290.94	96.98	3.93
	High Family	752	395.11	411.78	308.84	102.94	4.16	856.07	892.19	669.14	223.05	9.03
	Standard Self	754	121.84	127.72	95.79	31.93	1.47	263.99	276.73	207.55	69.18	3.18
	Standard Family	755	280.22	293.77	220.33	73.44	3.39	607.14	636.50	477.38	159.12	7.34
IN	M*Plan											
	High Self	IN1	New Plan	183.59	137.69	45.90	N/A	New Plan	397.78	298.34	99.44	N/A
	High Family	IN2	New Plan	417.60	313.20	104.40	N/A	New Plan	904.80	678.60	226.20	N/A

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
IN	Physicians Health Plan of Northern Indiana											
	High Self	DQ1	216.09	196.62	139.18	57.44	-27.57	468.20	426.01	301.56	124.45	-59.74
	High Family	DQ2	485.23	439.70	316.08	123.62	-63.38	1051.33	952.68	684.84	267.84	-137.32
IN	Unicare HMO											
	High Self	171	167.51	193.90	139.18	54.72	12.84	362.94	420.12	301.56	118.56	27.83
	High Family	172	430.02	430.02	316.08	113.94	-17.85	931.71	931.71	684.84	246.87	-38.67
	Standard Self	174	New Plan	174.90	131.18	43.72	N/A	New Plan	378.95	284.21	94.74	N/A
	Standard Family	175	New Plan	387.88	290.91	96.97	N/A	New Plan	840.41	630.31	210.10	N/A
	High Deductible Self	721	New Plan	224.70	139.18	85.52	N/A	New Plan	486.85	301.56	185.29	N/A
	High Deductible Family	722	New Plan	487.45	316.08	171.37	N/A	New Plan	1056.14	684.84	371.30	N/A
IA	Avera Health Plans											
	High Self	AV1	194.74	214.20	139.18	75.02	11.36	421.94	464.10	301.56	162.54	24.61
	High Family	AV2	454.78	500.21	316.08	184.13	27.58	985.36	1083.79	684.84	398.95	59.76
IA	Coventry Health Care of Iowa											
	High Self	SV1	151.36	151.36	113.52	37.84	0.00	327.95	327.95	245.96	81.99	0.00
	High Family	SV2	408.77	408.77	306.58	102.19	-8.35	885.67	885.67	664.25	221.42	-18.08
	High Deductible Self	SV4	121.75	137.77	103.33	34.44	4.00	263.79	298.50	223.88	74.62	8.67
	High Deductible Family	SV5	314.65	356.25	267.19	89.06	10.40	681.74	771.88	578.91	192.97	22.54
IA	Health Alliance HMO											
	High Self	FX1	181.36	197.67	139.18	58.49	8.21	392.95	428.29	301.56	126.73	17.79
	High Family	FX2	423.25	461.34	316.08	145.26	20.24	917.04	999.57	684.84	314.73	43.86
IA	HealthPartners											
	Open Access Deductible S	534	180.36	185.76	139.18	46.58	-2.70	390.78	402.48	301.56	100.92	-5.85
	Open Access Deductible F	535	432.85	445.84	316.08	129.76	-4.86	937.84	965.99	684.84	281.15	-10.52
IA	John Deere Health Plan											
	High Self	YH1	151.51	159.71	119.78	39.93	2.05	328.27	346.04	259.53	86.51	4.44
	High Family	YH2	371.19	391.30	293.48	97.82	5.02	804.25	847.82	635.87	211.95	10.89
IA	Sioux Valley Health Plan											
	High Self	AU1	222.21	209.32	139.18	70.14	-20.99	481.46	453.53	301.56	151.97	-45.48
	High Family	AU2	511.33	481.67	316.08	165.59	-47.51	1107.88	1043.62	684.84	358.78	-102.93

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Standard Self	AU4	199.46	199.37	139.18	60.19	-8.19	432.16	431.97	301.56	130.41	-17.74
	Standard Family	AU5	458.52	458.52	316.08	142.44	-17.85	993.46	993.46	684.84	308.62	-38.67
KS	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
KS	Aetna Open Access											
	High Self	KS1	144.33	171.96	128.97	42.99	6.91	312.72	372.58	279.44	93.14	14.96
	High Family	KS2	370.81	420.57	315.43	105.14	12.44	803.42	911.24	683.43	227.81	26.96
KS	Community Health Plan											
	High Self	IC1	138.65	156.16	117.12	39.04	4.38	300.41	338.35	253.76	84.59	9.49
	High Family	IC2	381.71	429.88	316.08	113.80	18.37	827.04	931.41	684.84	246.57	39.81
KS	Coventry Health Care of Kansas-Wichita/Salinas											
	High Self	7W1	157.04	217.80	139.18	78.62	39.36	340.25	471.90	301.56	170.34	85.28
	High Family	7W2	400.45	555.38	316.08	239.30	137.08	867.64	1203.32	684.84	518.48	297.01
	Standard Self	7W4	148.70	201.78	139.18	62.60	25.43	322.18	437.19	301.56	135.63	55.09
	Standard Family	7W5	379.17	520.56	316.08	204.48	109.69	821.54	1127.88	684.84	443.04	237.66
	High Deductible Self	7G1	121.04	121.04	90.78	30.26	0.00	262.25	262.25	196.69	65.56	0.00
	High Deductible Family	7G2	298.91	298.91	224.18	74.73	0.00	647.64	647.64	485.73	161.91	0.00
KS	Coventry Health Care of Kansas-Kansas City											
	High Self	HA1	148.84	158.58	118.94	39.64	2.43	322.49	343.59	257.69	85.90	5.28
	High Family	HA2	384.11	409.23	306.92	102.31	6.28	832.24	886.67	665.00	221.67	13.61
	Standard Self	HA4	140.97	146.95	110.21	36.74	1.50	305.44	318.39	238.79	79.60	3.24
	Standard Family	HA5	363.79	379.13	284.35	94.78	3.83	788.21	821.45	616.09	205.36	8.31
	High Deductible Self	9H1	128.89	128.89	96.67	32.22	0.00	279.26	279.26	209.45	69.81	0.00
	High Deductible Family	9H2	332.53	332.53	249.40	83.13	0.00	720.48	720.48	540.36	180.12	0.00
KS	Humana CoverageFirst											
	Consumer Driven Self	PH1	78.54	86.38	64.79	21.59	1.96	170.17	187.16	140.37	46.79	4.25
	Consumer Driven Family	PH2	180.64	198.66	149.00	49.66	4.50	391.39	430.43	322.82	107.61	9.76

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
KS	Humana Health Plan, Inc.											
	High Self	MS1	192.85	214.40	139.18	75.22	13.45	417.84	464.53	301.56	162.97	29.14
	High Family	MS2	443.55	493.11	316.08	177.03	31.71	961.03	1068.41	684.84	383.57	68.71
	Standard Self	MS4	127.14	130.99	98.24	32.75	0.97	275.47	283.81	212.86	70.95	2.08
	Standard Family	MS5	292.44	301.26	225.95	75.31	2.20	633.62	652.73	489.55	163.18	4.78
KS	Preferred Plus of Kansas											
	High Self	VA1	219.52	219.38	139.18	80.20	-8.24	475.63	475.32	301.56	173.76	-17.86
	High Family	VA2	583.94	583.54	316.08	267.46	-18.25	1265.20	1264.34	684.84	579.50	-39.53
KS	UnitedHealthcare of the Midwest											
	High Self	GX1	New Plan	161.34	121.01	40.33	N/A	New Plan	349.57	262.18	87.39	N/A
	High Family	GX2	New Plan	388.44	291.33	97.11	N/A	New Plan	841.62	631.22	210.40	N/A
KY	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
KY	Aetna Open Access											
	High Self	RD1	162.03	162.51	121.88	40.63	0.12	351.07	352.11	264.08	88.03	0.26
	High Family	RD2	393.74	401.79	301.34	100.45	2.02	853.10	870.55	652.91	217.64	4.37
KY	Humana CoverageFirst											
	Consumer Driven Self	6N1	122.71	134.96	101.22	33.74	3.06	265.87	292.41	219.31	73.10	6.63
	Consumer Driven Family	6N2	282.26	310.41	232.81	77.60	7.04	611.56	672.56	504.42	168.14	15.25
KY	Humana CoverageFirst											
	Consumer Driven Self	BM1	117.81	129.56	97.17	32.39	2.94	255.26	280.71	210.53	70.18	6.37
	Consumer Driven Family	BM2	270.96	297.99	223.49	74.50	6.76	587.08	645.65	484.24	161.41	14.64
KY	Humana CoverageFirst											
	Consumer Driven Self	L81	98.18	97.18	72.89	24.29	-0.25	212.72	210.56	157.92	52.64	-0.54
	Consumer Driven Family	L82	225.80	223.51	167.63	55.88	-0.57	489.23	484.27	363.20	121.07	-1.24
KY	United Healthcare of Ohio, Inc.											
	High Self	3U1	251.27	243.13	139.18	103.95	-16.24	544.42	526.78	301.56	225.22	-35.19

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2006 Biweekly premium rates					2006 Monthly premium rates				
Plan - Option - Enrollment Code			2005 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2005 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
LA	High Family	3U2	554.90	536.78	316.08	220.70	-35.97	1202.28	1163.02	684.84	478.18	-77.93
	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
LA	Coventry Health Care of Louisiana											
	High Self	BJ1	155.12	173.25	129.94	43.31	4.53	336.09	375.38	281.54	93.84	9.82
	High Family	BJ2	360.26	402.37	301.78	100.59	10.53	780.56	871.80	653.85	217.95	22.81
	Standard Self	BJ4	123.19	152.24	114.18	38.06	7.26	266.91	329.85	247.39	82.46	15.73
	Standard Family	BJ5	286.11	353.56	265.17	88.39	16.86	619.91	766.05	574.54	191.51	36.53
	High Deductible Self	HB1	New Plan	124.42	93.32	31.10	N/A	New Plan	269.58	202.19	67.39	N/A
	High Deductible Family	HB2	New Plan	288.97	216.73	72.24	N/A	New Plan	626.10	469.58	156.52	N/A
LA	Coventry Health Care of Louisiana											
	High Self	HS1	New Plan	207.78	139.18	68.60	N/A	New Plan	450.19	301.56	148.63	N/A
	High Family	HS2	New Plan	477.90	316.08	161.82	N/A	New Plan	1035.45	684.84	350.61	N/A
	Standard Self	HS4	New Plan	171.69	128.77	42.92	N/A	New Plan	372.00	279.00	93.00	N/A
	Standard Family	HS5	New Plan	394.91	296.18	98.73	N/A	New Plan	855.64	641.73	213.91	N/A
	High Deductible Self	L31	New Plan	124.42	93.32	31.10	N/A	New Plan	269.58	202.19	67.39	N/A
	High Deductible Family	L32	New Plan	288.97	216.73	72.24	N/A	New Plan	626.10	469.58	156.52	N/A
LA	Coventry Health Care of Louisiana											
	High Self	JA1	162.59	233.40	139.18	94.22	53.57	352.28	505.70	301.56	204.14	116.07
	High Family	JA2	377.62	542.07	316.08	225.99	131.59	818.18	1174.49	684.84	489.65	285.11
	Standard Self	JA4	130.53	206.26	139.18	67.08	34.45	282.82	446.90	301.56	145.34	74.64
	Standard Family	JA5	303.17	479.06	316.08	162.98	87.19	656.87	1037.96	684.84	353.12	188.90
	High Deductible Self	LT1	New Plan	132.26	99.20	33.06	N/A	New Plan	286.56	214.92	71.64	N/A
	High Deductible Family	LT2	New Plan	306.21	229.66	76.55	N/A	New Plan	663.46	497.60	165.86	N/A
LA	Humana CoverageFirst											
	Consumer Driven Self	9J1	93.28	102.58	76.94	25.64	2.32	202.11	222.26	166.70	55.56	5.03
	Consumer Driven Family	9J2	214.50	235.92	176.94	58.98	5.36	464.75	511.16	383.37	127.79	11.60

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)			2006 Biweekly premium rates					2006 Monthly premium rates				
Plan - Option - Enrollment Code			2005 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays		Change in empl. payment	2005 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays
LA	Humana CoverageFirst											
	Consumer Driven Self	9L1	112.91	124.18	93.14	31.04	2.81	244.64	269.06	201.80	67.26	6.10
	Consumer Driven Family	9L2	259.67	285.59	214.19	71.40	6.48	562.62	618.78	464.09	154.69	14.04
LA	Humana CoverageFirst											
	Consumer Driven Self	9S1	127.63	140.37	105.28	35.09	3.18	276.53	304.14	228.11	76.03	6.90
	Consumer Driven Family	9S2	293.54	322.84	242.13	80.71	7.33	636.00	699.49	524.62	174.87	15.87
LA	Vantage Health Plan, Inc.											
	High Self	MV1	187.55	176.05	132.04	44.01	-12.46	406.36	381.44	286.08	95.36	-26.99
	High Family	MV2	431.38	404.91	303.68	101.23	-31.92	934.66	877.31	657.98	219.33	-69.16
ME	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
MD	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
MD	Aetna Open Access											
	High Self	JN1	176.00	193.90	139.18	54.72	9.80	381.33	420.12	301.56	118.56	21.24
	High Family	JN2	394.23	434.31	316.08	118.23	19.67	854.17	941.01	684.84	256.17	42.63
	Basic Self	JN4	115.88	124.28	93.21	31.07	2.10	251.07	269.27	201.95	67.32	4.55
	Basic Family	JN5	271.17	290.84	218.13	72.71	4.92	587.54	630.15	472.61	157.54	10.66
MD	CareFirst BlueChoice											
	High Self	2G1	181.64	194.80	139.18	55.62	5.06	393.55	422.07	301.56	120.51	10.97
	High Family	2G2	408.63	438.26	316.08	122.18	11.78	885.37	949.56	684.84	264.72	25.52
MD	Coventry Health Care											
	High Self	IG1	192.75	177.98	133.49	44.49	-17.18	417.63	385.62	289.22	96.40	-37.22
	High Family	IG2	486.68	444.95	316.08	128.87	-59.58	1054.47	964.06	684.84	279.22	-129.08



## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Standard Self	IG4	153.46	139.66	104.75	34.91	-3.45	332.50	302.60	226.95	75.65	-7.47
	Standard Family	IG5	376.90	349.14	261.86	87.28	-6.94	816.62	756.47	567.35	189.12	-15.03
	High Deductible Self	GZ1	New Plan	122.00	91.50	30.50	N/A	New Plan	264.33	198.25	66.08	N/A
	High Deductible Family	GZ2	New Plan	294.92	221.19	73.73	N/A	New Plan	638.99	479.24	159.75	N/A
MD	Kaiser Foundation Health Plan Mid-Atlantic States											
	High Self	E31	159.22	178.64	133.98	44.66	4.86	344.98	387.05	290.29	96.76	10.52
	High Family	E32	378.96	425.17	316.08	109.09	14.35	821.08	921.20	684.84	236.36	31.09
	Standard Self	E34	128.15	107.15	80.36	26.79	-5.25	277.66	232.16	174.12	58.04	-11.37
	Standard Family	E35	305.00	255.01	191.26	63.75	-12.50	660.83	552.52	414.39	138.13	-27.08
MD	M.D. IPA											
	High Self	JP1	161.10	175.65	131.74	43.91	3.64	349.05	380.58	285.44	95.14	7.88
	High Family	JP2	386.69	421.63	316.08	105.55	8.88	837.83	913.53	684.84	228.69	19.23
MA	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
MA	Blue Cross and Blue Shield of Rhode Island.											
	High Self	DA1	188.40	197.13	139.18	57.95	0.63	408.20	427.12	301.56	125.56	1.37
	High Family	DA2	499.23	522.37	316.08	206.29	5.29	1081.67	1131.80	684.84	446.96	11.46
MA	ConnectiCare											
	High Self	TE1	168.29	201.41	139.18	62.23	20.16	364.63	436.39	301.56	134.83	43.67
	High Family	TE2	425.79	458.24	316.08	142.16	14.60	922.55	992.85	684.84	308.01	31.63
	Standard Self	TE4	New Plan	167.76	125.82	41.94	N/A	New Plan	363.48	272.61	90.87	N/A
	Standard Family	TE5	New Plan	381.71	286.28	95.43	N/A	New Plan	827.04	620.28	206.76	N/A
MA	Fallon Community Health Plan											
	High Self	JV1	188.05	206.35	139.18	67.17	10.20	407.44	447.09	301.56	145.53	22.10
	High Family	JV2	457.06	501.51	316.08	185.43	26.60	990.30	1086.61	684.84	401.77	57.64
	Standard Self	JV4	162.24	186.40	139.18	47.22	6.66	351.52	403.87	301.56	102.31	14.43
	Standard Family	JV5	394.31	453.03	316.08	136.95	38.37	854.34	981.57	684.84	296.73	83.15

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program														
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates					
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		
		High Deductible Self	DV1	New Plan	188.47	139.18	49.29	N/A	New Plan	408.35	301.56	106.79	N/A	
		High Deductible Family	DV2	New Plan	445.13	316.08	129.05	N/A	New Plan	964.45	684.84	279.61	N/A	
MI		Aetna HealthFund												
		Consumer Driven Self	221		136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
		Consumer Driven Family	222		314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
		High Deductible Self	224		153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
		High Deductible Family	225		353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
MI		Bluecare Network of MI												
		High Self	K51		155.56	184.60	138.45	46.15	7.26	337.05	399.97	299.98	99.99	15.73
		High Family	K52		435.35	516.31	316.08	200.23	63.11	943.26	1118.67	684.84	433.83	136.74
		Standard Self	K54		0.00	140.17	105.13	35.04	35.04	0.00	303.70	227.78	75.92	75.92
		Standard Family	K55		0.00	391.90	293.93	97.97	97.97	0.00	849.12	636.84	212.28	212.28
MI		Bluecare Network of MI												
		High Self	KR1		208.88	234.22	139.18	95.04	17.24	452.57	507.48	301.56	205.92	37.36
		High Family	KR2		603.62	677.09	316.08	361.01	55.62	1307.84	1467.03	684.84	782.19	120.52
		Standard Self	KR4	New Plan	134.22	100.67	33.55	N/A	N/A	New Plan	290.81	218.11	72.70	N/A
		Standard Family	KR5	New Plan	388.32	291.24	97.08	N/A	N/A	New Plan	841.36	631.02	210.34	N/A
MI		Bluecare Network of MI												
		High Self	LN1		212.46	242.51	139.18	103.33	21.95	460.33	525.44	301.56	223.88	47.56
		High Family	LN2		511.63	583.99	316.08	267.91	54.51	1108.53	1265.31	684.84	580.47	118.11
		Standard Self	LN4	New Plan	166.14	124.61	41.53	N/A	N/A	New Plan	359.97	269.98	89.99	N/A
		Standard Family	LN5	New Plan	400.10	300.08	100.02	N/A	N/A	New Plan	866.88	650.16	216.72	N/A
MI		Bluecare Network of MI												
		High Self	LX1		130.94	144.57	108.43	36.14	3.41	283.70	313.24	234.93	78.31	7.39
		High Family	LX2		391.83	432.84	316.08	116.76	18.80	848.97	937.82	684.84	252.98	40.74
		Standard Self	LX4	New Plan	108.95	81.71	27.24	N/A	N/A	New Plan	236.06	177.05	59.01	N/A
		Standard Family	LX5	New Plan	325.97	244.48	81.49	N/A	N/A	New Plan	706.27	529.70	176.57	N/A
MI		Grand Valley Health Plan												
		High Self	RL1		166.77	175.55	131.66	43.89	2.20	361.34	380.36	285.27	95.09	4.76
		High Family	RL2		469.05	494.51	316.08	178.43	7.61	1016.28	1071.44	684.84	386.60	16.49

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
MI	Health Alliance Plan											
	High Self	521	140.85	144.52	108.39	36.13	0.92	305.18	313.13	234.85	78.28	1.99
	High Family	522	373.24	383.00	287.25	95.75	2.44	808.69	829.83	622.37	207.46	5.29
MI	HealthPlus MI											
	High Self	X51	201.60	204.45	139.18	65.27	-5.25	436.80	442.98	301.56	141.42	-11.37
	High Family	X52	460.39	466.89	316.08	150.81	-11.35	997.51	1011.60	684.84	326.76	-24.58
MI	Humana CoverageFirst											
	Consumer Driven Self	BW1	New Plan	97.18	72.89	24.29	N/A	New Plan	210.56	157.92	52.64	N/A
	Consumer Driven Family	BW2	New Plan	223.51	167.63	55.88	N/A	New Plan	484.27	363.20	121.07	N/A
MI	Humana CoverageFirst											
	Consumer Driven Self	FT1	New Plan	107.97	80.98	26.99	N/A	New Plan	233.94	175.46	58.48	N/A
	Consumer Driven Family	FT2	New Plan	248.34	186.26	62.08	N/A	New Plan	538.07	403.55	134.52	N/A
MI	Humana CoverageFirst											
	Consumer Driven Self	GT1	New Plan	118.78	89.09	29.69	N/A	New Plan	257.36	193.02	64.34	N/A
	Consumer Driven Family	GT2	New Plan	273.18	204.89	68.29	N/A	New Plan	591.89	443.92	147.97	N/A
MI	M-Care											
	High Self	EG1	134.33	146.20	109.65	36.55	2.97	291.05	316.77	237.58	79.19	6.43
	High Family	EG2	355.97	387.34	290.51	96.83	7.84	771.27	839.24	629.43	209.81	16.99
MN	HealthPartners Classic/Open Access Deductible											
	Classic Self	531	232.12	244.92	139.18	105.74	4.70	502.93	530.66	301.56	229.10	10.18
	Classic Family	532	557.07	587.80	316.08	271.72	12.88	1206.99	1273.57	684.84	588.73	27.91
	Open Access Deductible Self	534	180.36	185.76	139.18	46.58	-2.70	390.78	402.48	301.56	100.92	-5.85
	Open Access Deductible Family	535	432.85	445.84	316.08	129.76	-4.86	937.84	965.99	684.84	281.15	-10.52
MN	HealthPartners Primary Clinic Plan											
	High Self	HQ1	288.03	288.03	139.18	148.85	-8.10	624.07	624.07	301.56	322.51	-17.55
	High Family	HQ2	691.27	691.27	316.08	375.19	-17.85	1497.75	1497.75	684.84	812.91	-38.67
MO	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
MO	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
	Aetna Open Access											
	High Self	KS1	144.33	171.96	128.97	42.99	6.91	312.72	372.58	279.44	93.14	14.96
	High Family	KS2	370.81	420.57	315.43	105.14	12.44	803.42	911.24	683.43	227.81	26.96
MO	BlueCHOICE											
	High Self	9G1	177.50	199.24	139.18	60.06	13.64	384.58	431.69	301.56	130.13	29.56
	High Family	9G2	384.30	431.39	316.08	115.31	19.24	832.65	934.68	684.84	249.84	41.68
MO	Community Health Plan											
	High Self	IC1	138.65	156.16	117.12	39.04	4.38	300.41	338.35	253.76	84.59	9.49
	High Family	IC2	381.71	429.88	316.08	113.80	18.37	827.04	931.41	684.84	246.57	39.81
MO	Coventry Health Care of Kansas-Kansas City											
	High Self	HA1	148.84	158.58	118.94	39.64	2.43	322.49	343.59	257.69	85.90	5.28
	High Family	HA2	384.11	409.23	306.92	102.31	6.28	832.24	886.67	665.00	221.67	13.61
	Standard Self	HA4	140.97	146.95	110.21	36.74	1.50	305.44	318.39	238.79	79.60	3.24
	Standard Family	HA5	363.79	379.13	284.35	94.78	3.83	788.21	821.45	616.09	205.36	8.31
	High Deductible Self	9H1	128.89	128.89	96.67	32.22	0.00	279.26	279.26	209.45	69.81	0.00
	High Deductible Family	9H2	332.53	332.53	249.40	83.13	0.00	720.48	720.48	540.36	180.12	0.00
MO	Group Health Plan, Inc.											
	High Self	MM1	205.81	230.52	139.18	91.34	16.61	445.92	499.46	301.56	197.90	35.99
	High Family	MM2	444.53	497.90	316.08	181.82	35.52	963.15	1078.78	684.84	393.94	76.96
	High Deductible Self	MM4	170.30	184.04	138.03	46.01	3.44	368.98	398.75	299.06	99.69	7.45
	High Deductible Family	MM5	364.62	394.61	295.96	98.65	7.50	790.01	854.99	641.24	213.75	16.25
MO	Humana CoverageFirst											
	Consumer Driven Self	PH1	78.54	86.38	64.79	21.59	1.96	170.17	187.16	140.37	46.79	4.25
	Consumer Driven Family	PH2	180.64	198.66	149.00	49.66	4.50	391.39	430.43	322.82	107.61	9.76
MO	Humana Health Plan, Inc.											
	High Self	MS1	192.85	214.40	139.18	75.22	13.45	417.84	464.53	301.56	162.97	29.14
	High Family	MS2	443.55	493.11	316.08	177.03	31.71	961.03	1068.41	684.84	383.57	68.71
	Standard Self	MS4	127.14	130.99	98.24	32.75	0.97	275.47	283.81	212.86	70.95	2.08
	Standard Family	MS5	292.44	301.26	225.95	75.31	2.20	633.62	652.73	489.55	163.18	4.78

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates				
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
MO	Mercy Health Plans											
	High Self	7M1	216.77	242.78	139.18	103.60	17.91	469.67	526.02	301.56	224.46	38.80
	High Family	7M2	468.23	524.42	316.08	208.34	38.34	1014.50	1136.24	684.84	451.40	83.07
MO	UnitedHealthcare of the Midwest											
	High Self	B91	New Plan	164.70	123.53	41.17	N/A	New Plan	356.85	267.64	89.21	N/A
	High Family	B92	New Plan	387.08	290.31	96.77	N/A	New Plan	838.67	629.00	209.67	N/A
MO	UnitedHealthcare of the Midwest											
	High Self	GX1	New Plan	161.34	121.01	40.33	N/A	New Plan	349.57	262.18	87.39	N/A
	High Family	GX2	New Plan	388.44	291.33	97.11	N/A	New Plan	841.62	631.22	210.40	N/A
MS	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
MT	New West Health Services											
	High Self	NV1	168.68	169.53	127.15	42.38	0.21	365.47	367.32	275.49	91.83	0.46
	High Family	NV2	360.30	362.12	271.59	90.53	0.46	780.65	784.59	588.44	196.15	0.99
NE	Avera Health Plans											
	High Self	AV1	194.74	214.20	139.18	75.02	11.36	421.94	464.10	301.56	162.54	24.61
	High Family	AV2	454.78	500.21	316.08	184.13	27.58	985.36	1083.79	684.84	398.95	59.76
NE	Coventry Health Care of Nebraska											
	High Self	IE1	168.95	179.09	134.32	44.77	2.53	366.06	388.03	291.02	97.01	5.50
	High Family	IE2	425.18	450.69	316.08	134.61	7.66	921.22	976.50	684.84	291.66	16.61
NV	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
NV	Aetna Open Access											
	High Self	Y11	154.67	158.53	118.90	39.63	0.96	335.12	343.48	257.61	85.87	2.09



## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Self	2J1	193.32	183.97	137.98	45.99	-16.25	418.86	398.60	298.95	99.65	-35.20
	High Family	2J2	488.13	459.92	316.08	143.84	-46.06	1057.62	996.49	684.84	311.65	-99.80
	Standard Self	2J4	159.40	147.56	110.67	36.89	-2.96	345.37	319.71	239.78	79.93	-6.41
	Standard Family	2J5	391.87	368.88	276.66	92.22	-5.75	849.05	799.24	599.43	199.81	-12.45
	High Deductible Self	LK1	New Plan	131.10	98.33	32.77	N/A	New Plan	284.05	213.04	71.01	N/A
	High Deductible Family	LK2	New Plan	317.66	238.25	79.41	N/A	New Plan	688.26	516.20	172.06	N/A
NJ	GHI Health Plan											
	High Self	801	200.91	217.98	139.18	78.80	8.97	435.31	472.29	301.56	170.73	19.43
	High Family	802	502.28	544.97	316.08	228.89	24.84	1088.27	1180.77	684.84	495.93	53.83
	Standard Self	804	170.15	174.74	131.06	43.68	1.14	368.66	378.60	283.95	94.65	2.49
	Standard Family	805	397.20	407.92	305.94	101.98	2.68	860.60	883.83	662.87	220.96	5.81
NM	Lovelace Health Plan											
	High Self	Q11	153.91	160.07	120.05	40.02	1.54	333.47	346.82	260.12	86.70	3.33
	High Family	Q12	377.69	392.80	294.60	98.20	3.78	818.33	851.07	638.30	212.77	8.19
NM	Presbyterian Health Plan											
	High Self	P21	166.62	181.28	135.96	45.32	3.67	361.01	392.77	294.58	98.19	7.94
	High Family	P22	434.50	472.74	316.08	156.66	20.39	941.42	1024.27	684.84	339.43	44.18
NY	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
NY	Aetna Open Access											
	High Self	JC1	177.65	193.06	139.18	53.88	7.31	384.91	418.30	301.56	116.74	15.84
	High Family	JC2	437.30	475.22	316.08	159.14	20.07	947.48	1029.64	684.84	344.80	43.49
NY	Blue Choice											
	High Self	MK1	130.07	131.93	98.95	32.98	0.46	281.82	285.85	214.39	71.46	1.01
	High Family	MK2	325.87	330.26	247.70	82.56	1.09	706.05	715.56	536.67	178.89	2.38
NY	CDPHP Universal Benefits, Inc.											
	High Self	SG1	155.33	188.28	139.18	49.10	10.27	336.55	407.94	301.56	106.38	22.24





## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Self	QA1	129.64	138.58	103.94	34.64	2.23	280.89	300.26	225.20	75.06	4.84
	High Family	QA2	355.56	380.09	285.07	95.02	6.13	770.38	823.53	617.65	205.88	13.29
	High Deductible Self	QA4	New Plan	145.19	108.89	36.30	N/A	New Plan	314.58	235.94	78.64	N/A
	High Deductible Family	QA5	New Plan	346.40	259.80	86.60	N/A	New Plan	750.53	562.90	187.63	N/A
NY	MVP Health Care											
	High Self	GA1	148.03	160.66	120.50	40.16	3.15	320.73	348.10	261.08	87.02	6.84
	High Family	GA2	382.28	414.92	311.19	103.73	8.16	828.27	898.99	674.24	224.75	17.68
NY	MVP Health Care											
	High Self	M91	161.06	176.35	132.26	44.09	3.83	348.96	382.09	286.57	95.52	8.28
	High Family	M92	415.92	455.43	316.08	139.35	21.66	901.16	986.77	684.84	301.93	46.94
NY	MVP Health Care											
	High Self	MX1	166.04	179.52	134.64	44.88	3.37	359.75	388.96	291.72	97.24	7.30
	High Family	MX2	428.80	463.53	316.08	147.45	16.88	929.07	1004.32	684.84	319.48	36.58
NY	Preferred Care											
	High Self	GV1	127.06	128.96	96.72	32.24	0.48	275.30	279.41	209.56	69.85	1.03
	High Family	GV2	339.21	345.06	258.80	86.26	1.46	734.96	747.63	560.72	186.91	3.17
NY	Univera Healthcare											
	High Self	KQ1	146.79	177.03	132.77	44.26	7.56	318.05	383.57	287.68	95.89	16.38
	High Family	KQ2	388.88	468.73	316.08	152.65	55.43	842.57	1015.58	684.84	330.74	120.10
NY	Univera Healthcare											
	High Self	Q81	117.88	140.68	105.51	35.17	5.70	255.41	304.81	228.61	76.20	12.35
	High Family	Q82	334.24	398.85	299.14	99.71	16.15	724.19	864.18	648.14	216.04	34.99
NY	Vytra Health Plans											
	High Self	J61	190.63	196.37	139.18	57.19	-2.36	413.03	425.47	301.56	123.91	-5.11
	High Family	J62	500.08	511.53	316.08	195.45	-6.40	1083.51	1108.32	684.84	423.48	-13.86
	Standard Self	J64	New Plan	177.65	133.24	44.41	N/A	New Plan	384.91	288.68	96.23	N/A
	Standard Family	J65	New Plan	463.98	316.08	147.90	N/A	New Plan	1005.29	684.84	320.45	N/A
NC	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
ND	HealthPartners											
	Open Access Deductible Self	534	180.36	185.76	139.18	46.58	-2.70	390.78	402.48	301.56	100.92	-5.85
	Open Access Deductible Family	535	432.85	445.84	316.08	129.76	-4.86	937.84	965.99	684.84	281.15	-10.52
ND	Heart of America Health Plan											
	High Self	RU1	125.18	134.32	100.74	33.58	2.29	271.22	291.03	218.27	72.76	4.96
	High Family	RU2	321.73	345.20	258.90	86.30	5.87	697.08	747.93	560.95	186.98	12.71
OH	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
OH	Aetna Open Access											
	High Self	7D1	148.35	171.42	128.57	42.85	5.76	321.43	371.41	278.56	92.85	12.49
	High Family	7D2	353.07	407.99	305.99	102.00	13.73	764.99	883.98	662.99	220.99	29.74
OH	Aetna Open Access											
	High Self	ND1	164.58	194.21	139.18	55.03	13.89	356.59	420.79	301.56	119.23	30.08
	High Family	ND2	430.12	468.83	316.08	152.75	20.86	931.93	1015.80	684.84	330.96	45.20
OH	Aetna Open Access											
	High Self	RD1	162.03	162.51	121.88	40.63	0.12	351.07	352.11	264.08	88.03	0.26
	High Family	RD2	393.74	401.79	301.34	100.45	2.02	853.10	870.55	652.91	217.64	4.37
OH	AultCare HMO											
	High Self	3A1	161.47	176.88	132.66	44.22	3.85	349.85	383.24	287.43	95.81	8.35
	High Family	3A2	396.39	434.26	316.08	118.18	19.08	858.85	940.90	684.84	256.06	41.35
	High Deductible Self	3A4	168.53	168.53	126.40	42.13	0.00	365.15	365.15	273.86	91.29	0.00
	High Deductible Family	3A5	337.69	337.69	253.27	84.42	0.00	731.66	731.66	548.75	182.91	0.00
OH	Blue HMO											
	High Self	R51	194.55	215.96	139.18	76.78	13.31	421.53	467.91	301.56	166.35	28.83
	High Family	R52	453.00	493.77	316.08	177.69	22.92	981.50	1069.84	684.84	385.00	49.67



## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Self	AK1	New Plan	165.11	123.83	41.28	N/A	New Plan	357.74	268.31	89.43	N/A
	High Family	AK2	New Plan	396.39	297.29	99.10	N/A	New Plan	858.85	644.14	214.71	N/A
OH	United Healthcare of Ohio, Inc.											
	High Self	CA1	New Plan	173.25	129.94	43.31	N/A	New Plan	375.38	281.54	93.84	N/A
	High Family	CA2	New Plan	417.02	312.77	104.25	N/A	New Plan	903.54	677.66	225.88	N/A
OK	Aetna HealthFund											
	Consumer Driven Self	221		136.80	135.55	101.66	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222		314.65	311.79	233.84	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224		153.73	150.58	112.94	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225		353.59	343.31	257.48	-2.57	766.11	743.84	557.88	185.96	-5.57
OK	Aetna Open Access											
	High Self	SL1		171.40	209.32	139.18	27.29	371.37	453.53	301.56	151.97	59.13
	High Family	SL2		397.68	485.61	316.08	70.08	861.64	1052.16	684.84	367.32	151.85
OK	Globalhealth, Inc.											
	High Self	IM1		150.01	166.96	125.22	4.24	325.02	361.75	271.31	90.44	9.19
	High Family	IM2		361.55	402.40	301.80	10.21	783.36	871.87	653.90	217.97	22.13
OK	PacifiCare of Oklahoma											
	High Self	2N1		170.39	191.59	139.18	9.81	369.18	415.11	301.56	113.55	21.26
	High Family	2N2		407.54	447.32	316.08	21.93	883.00	969.19	684.84	284.35	47.52
OR	Kaiser Foundation Health Plan of Northwest											
	High Self	571		172.99	186.00	139.18	3.57	374.81	403.00	301.56	101.44	7.74
	High Family	572		394.77	424.48	316.08	9.71	855.34	919.71	684.84	234.87	21.04
	Standard Self	574		158.89	155.72	116.79	-0.79	344.26	337.39	253.04	84.35	-1.71
	Standard Family	575		362.58	355.36	266.52	-1.80	785.59	769.95	577.46	192.49	-3.91
OR	PacifiCare Northwest Region (Oregon/Washington)											
	High Self	7Z1		186.09	194.84	139.18	0.65	403.20	422.15	301.56	120.59	1.40
	High Family	7Z2		416.41	436.00	316.08	1.74	902.22	944.67	684.84	259.83	3.78
PA	Aetna HealthFund											
	Consumer Driven Self	221		136.80	135.55	101.66	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222		314.65	311.79	233.84	-0.71	681.74	675.55	506.66	168.89	-1.54



## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Self	SW1	202.73	229.00	139.18	89.82	18.17	439.25	496.17	301.56	194.61	39.37
	High Family	SW2	466.28	526.71	316.08	210.63	42.58	1010.27	1141.21	684.84	456.37	92.27
	Standard Self	SW4	186.46	204.85	139.18	65.67	10.29	404.00	443.84	301.56	142.28	22.29
	Standard Family	SW5	428.86	471.18	316.08	155.10	24.47	929.20	1020.89	684.84	336.05	53.02
	High Deductible Self	YW1	171.59	171.59	128.69	42.90	0.00	371.78	371.78	278.84	92.94	0.00
	High Deductible Family	YW2	387.10	387.10	290.33	96.77	0.00	838.72	838.72	629.04	209.68	0.00
PA	Keystone Health Plan Central											
	High Self	S41	208.21	213.93	139.18	74.75	-2.38	451.12	463.52	301.56	161.96	-5.15
	High Family	S42	496.79	510.43	316.08	194.35	-4.21	1076.38	1105.93	684.84	421.09	-9.12
	Standard Self	S44	New Plan	201.82	139.18	62.64	N/A	New Plan	437.28	301.56	135.72	N/A
	Standard Family	S45	New Plan	481.55	316.08	165.47	N/A	New Plan	1043.36	684.84	358.52	N/A
PA	Keystone Health Plan East											
	High Self	ED1	164.60	196.00	139.18	56.82	15.67	356.63	424.67	301.56	123.11	33.95
	High Family	ED2	434.06	517.17	316.08	201.09	65.26	940.46	1120.54	684.84	435.70	141.41
PA	UPMC Health Plan											
	High Self	8W1	170.97	187.11	139.18	47.93	5.19	370.44	405.41	301.56	103.85	11.24
	High Family	8W2	436.07	477.28	316.08	161.20	23.36	944.82	1034.11	684.84	349.27	50.62
PR	Humana Health Plans of Puerto Rico											
	High Self	ZJ1	93.52	110.35	82.76	27.59	4.21	202.63	239.09	179.32	59.77	9.11
	High Family	ZJ2	215.10	253.82	190.37	63.45	9.68	466.05	549.94	412.46	137.48	20.97
PR	Triple-S											
	High Self	891	118.57	133.98	100.49	33.49	3.85	256.90	290.29	217.72	72.57	8.35
	High Family	892	254.68	287.78	215.84	71.94	8.27	551.81	623.52	467.64	155.88	17.93
RI	Blue Cross and Blue Shield of Rhode Island.											
	High Self	DA1	188.40	197.13	139.18	57.95	0.63	408.20	427.12	301.56	125.56	1.37
	High Family	DA2	499.23	522.37	316.08	206.29	5.29	1081.67	1131.80	684.84	446.96	11.46
SC	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71



## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Consumer Driven Self	L61	98.18	118.78	89.09	29.69	5.15	212.72	257.36	193.02	64.34	11.16
	Consumer Driven Family	L62	225.80	273.18	204.89	68.29	11.84	489.23	591.89	443.92	147.97	25.66
TX	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
TX	Aetna Open Access											
	High Self	8G1	171.57	188.92	139.18	49.74	6.85	371.74	409.33	301.56	107.77	14.84
	High Family	8G2	428.34	471.64	316.08	155.56	25.45	928.07	1021.89	684.84	337.05	55.15
TX	Aetna Open Access											
	High Self	P11	154.64	159.55	119.66	39.89	1.23	335.05	345.69	259.27	86.42	2.66
	High Family	P12	389.57	401.92	301.44	100.48	3.09	844.07	870.83	653.12	217.71	6.69
TX	Aetna Open Access											
	High Self	PU1	178.16	199.87	139.18	60.69	13.61	386.01	433.05	301.56	131.49	29.49
	High Family	PU2	437.09	490.35	316.08	174.27	35.41	947.03	1062.43	684.84	377.59	76.73
TX	Firstcare											
	High Self	6U1	160.02	161.63	121.22	40.41	0.41	346.71	350.20	262.65	87.55	0.87
	High Family	6U2	343.77	347.50	260.63	86.87	0.93	744.84	752.92	564.69	188.23	2.02
TX	Firstcare											
	High Self	CK1	212.34	197.36	139.18	58.18	-23.08	460.07	427.61	301.56	126.05	-50.01
	High Family	CK2	456.11	424.33	316.08	108.25	-49.63	988.24	919.38	684.84	234.54	-107.53
TX	HMO Blue Texas											
	High Self	YM1	183.46	205.35	139.18	66.17	13.79	397.50	444.93	301.56	143.37	29.88
	High Family	YM2	449.08	502.66	316.08	186.58	35.73	973.01	1089.10	684.84	404.26	77.42
TX	Humana CoverageFirst											
	Consumer Driven Self	T21	117.81	124.18	93.14	31.04	1.59	255.26	269.06	201.80	67.26	3.45
	Consumer Driven Family	T22	270.96	285.59	214.19	71.40	3.66	587.08	618.78	464.09	154.69	7.92
TX	Humana CoverageFirst											
	Consumer Driven Self	T81	112.91	129.57	97.18	32.39	4.16	244.64	280.74	210.56	70.18	9.02





## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
VA	Aetna Open Access											
	High Self	JN1	176.00	193.90	139.18	54.72	9.80	381.33	420.12	301.56	118.56	21.24
	High Family	JN2	394.23	434.31	316.08	118.23	19.67	854.17	941.01	684.84	256.17	42.63
	Basic Self	JN4	115.88	124.28	93.21	31.07	2.10	251.07	269.27	201.95	67.32	4.55
	Basic Family	JN5	271.17	290.84	218.13	72.71	4.92	587.54	630.15	472.61	157.54	10.66
VA	CareFirst BlueChoice											
	High Self	2G1	181.64	194.80	139.18	55.62	5.06	393.55	422.07	301.56	120.51	10.97
	High Family	2G2	408.63	438.26	316.08	122.18	11.78	885.37	949.56	684.84	264.72	25.52
VA	Kaiser Foundation Health Plan Mid-Atlantic States											
	High Self	E31	159.22	178.64	133.98	44.66	4.86	344.98	387.05	290.29	96.76	10.52
	High Family	E32	378.96	425.17	316.08	109.09	14.35	821.08	921.20	684.84	236.36	31.09
	Standard Self	E34	128.15	107.15	80.36	26.79	-5.25	277.66	232.16	174.12	58.04	-11.37
	Standard Family	E35	305.00	255.01	191.26	63.75	-12.50	660.83	552.52	414.39	138.13	-27.08
VA	M.D. IPA											
	High Self	JP1	161.10	175.65	131.74	43.91	3.64	349.05	380.58	285.44	95.14	7.88
	High Family	JP2	386.69	421.63	316.08	105.55	8.88	837.83	913.53	684.84	228.69	19.23
VA	Optima Health Plan											
	High Self	9R1	179.60	204.74	139.18	65.56	17.04	389.13	443.60	301.56	142.04	36.92
	High Family	9R2	424.95	484.45	316.08	168.37	41.65	920.73	1049.64	684.84	364.80	90.24
VA	Piedmont Community Healthcare											
	High Self	2C1	163.77	180.14	135.11	45.03	4.09	354.84	390.30	292.73	97.57	8.86
	High Family	2C2	375.01	412.51	309.38	103.13	9.38	812.52	893.77	670.33	223.44	20.31
WA	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71



## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Health Management Organizations (HMO)			2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code				Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
	High Self	SA1	128.27	140.36	105.27	35.09	3.02	277.92	304.11	228.08	76.03	6.55
	High Family	SA2	299.84	328.31	246.23	82.08	7.12	649.65	711.34	533.51	177.83	15.42
WV	Aetna HealthFund											
	Consumer Driven Self	221	136.80	135.55	101.66	33.89	-0.31	296.40	293.69	220.27	73.42	-0.68
	Consumer Driven Family	222	314.65	311.79	233.84	77.95	-0.71	681.74	675.55	506.66	168.89	-1.54
	High Deductible Self	224	153.73	150.58	112.94	37.64	-0.79	333.08	326.26	244.70	81.56	-1.71
	High Deductible Family	225	353.59	343.31	257.48	85.83	-2.57	766.11	743.84	557.88	185.96	-5.57
WV	The Health Plan of the Upper Ohio Valley											
	High Self	U41	145.32	159.20	119.40	39.80	3.47	314.86	344.93	258.70	86.23	7.52
	High Family	U42	334.22	366.17	274.63	91.54	7.99	724.14	793.37	595.03	198.34	17.31
WI	Dean Health Plan											
	High Self	WD1	156.99	162.97	122.23	40.74	1.49	340.15	353.10	264.83	88.27	3.23
	High Family	WD2	415.99	431.84	316.08	115.76	-2.00	901.31	935.65	684.84	250.81	-4.33
WI	Group Health Cooperative											
	High Self	WJ1	136.92	149.12	111.84	37.28	3.05	296.66	323.09	242.32	80.77	6.61
	High Family	WJ2	370.05	397.56	298.17	99.39	6.88	801.78	861.38	646.04	215.34	14.90
WI	HealthPartners Classic/Open Access Deductible											
	Classic Self	531	232.12	244.92	139.18	105.74	4.70	502.93	530.66	301.56	229.10	10.18
	Classic Family	532	557.07	587.80	316.08	271.72	12.88	1206.99	1273.57	684.84	588.73	27.91
	Open Access Deductible S	534	180.36	185.76	139.18	46.58	-2.70	390.78	402.48	301.56	100.92	-5.85
	Open Access Deductible F	535	432.85	445.84	316.08	129.76	-4.86	937.84	965.99	684.84	281.15	-10.52
WI	HealthPartners Primary Clinic Plan											
	High Self	HQ1	288.03	288.03	139.18	148.85	-8.10	624.07	624.07	301.56	322.51	-17.55
	High Family	HQ2	691.27	691.27	316.08	375.19	-17.85	1497.75	1497.75	684.84	812.91	-38.67
WI	Humana CoverageFirst											
	Consumer Driven Self	FB1	107.98	118.78	89.09	29.69	2.70	233.96	257.36	193.02	64.34	5.85
	Consumer Driven Family	FB2	248.38	273.18	204.89	68.29	6.20	538.16	591.89	443.92	147.97	13.43
WY	WINhealth Partners											
	High Self	PV1	167.39	178.01	133.51	44.50	2.65	362.68	385.69	289.27	96.42	5.75
	High Family	PV2	453.80	407.62	305.72	101.90	-53.67	983.23	883.18	662.39	220.79	-116.27

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
APWU Health Plan											
High Self	471	190.80	188.90	139.18	49.72	10.00	413.40	409.28	301.56	107.72	-21.67
High Family	472	418.74	427.11	316.08	111.03	9.48	907.27	925.41	684.84	240.57	-20.53
Consumer Driven Self	474	163.58	163.58	122.69	40.89	0.00	354.42	354.42	265.82	88.60	0.00
Consumer Driven Family	475	380.93	368.00	276.00	92.00	3.23	825.35	797.33	598.00	199.33	-7.01
Blue Cross and Blue Shield Service Benefit Plan											
Standard Self	104	181.79	197.25	139.18	58.07	7.36	393.88	427.38	301.56	125.82	15.95
Standard Family	105	416.29	451.67	316.08	135.59	17.53	901.96	978.62	684.84	293.78	37.99
Basic Self	111	151.98	151.98	113.99	37.99	0.00	329.29	329.29	246.97	82.32	0.00
Basic Family	112	355.98	355.98	266.99	88.99	0.00	771.29	771.29	578.47	192.82	0.00
GEHA Benefit Plan											
High Self	311	220.37	233.58	139.18	94.40	5.11	477.47	506.09	301.56	204.53	11.07
High Family	312	479.61	508.38	316.08	192.30	10.92	1039.16	1101.49	684.84	416.65	23.66
Standard Self	314	133.11	133.11	99.83	33.28	0.00	288.41	288.41	216.31	72.10	0.00
Standard Family	315	302.49	302.49	226.87	75.62	0.00	655.40	655.40	491.55	163.85	0.00
High Deductible Self	341	175.76	175.76	131.82	43.94	0.74	380.81	380.81	285.61	95.20	-1.60
High Deductible Family	342	401.44	401.44	301.08	100.36	2.85	869.79	869.79	652.34	217.45	-6.17
Mail Handlers Benefit Plan and Consumer Option											
High Self	451	282.09	296.20	139.18	157.02	6.01	611.20	641.77	301.56	340.21	13.02
High Family	452	595.02	624.77	316.08	308.69	11.90	1289.21	1353.67	684.84	668.83	25.79
Standard Self	454	176.24	185.05	138.79	46.26	1.10	381.85	400.94	300.71	100.23	2.39
Standard Family	455	382.57	413.18	309.89	103.29	7.65	828.90	895.22	671.42	223.80	16.58
High Deductible Self	481	169.02	169.03	126.77	42.26	0.01	366.21	366.23	274.67	91.56	0.01
High Deductible Family	482	383.02	383.03	287.27	95.76	0.01	829.88	829.90	622.43	207.47	0.00
NALC											
High Self	321	189.39	202.28	139.18	63.10	4.79	410.35	438.27	301.56	136.71	10.37
High Family	322	404.73	432.22	316.08	116.14	9.64	876.92	936.48	684.84	251.64	20.89
PBP Health Plan											
High Self	361	304.46	344.04	139.18	204.86	31.48	659.66	745.42	301.56	443.86	68.21
High Family	362	656.87	742.27	316.08	426.19	67.55	1423.22	1608.25	684.84	923.41	146.36

## Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Fee-for-Service Plans (FFS)		2005 Total Biweekly Premium	2006 Biweekly premium rates				2005 Total Monthly Premium	2006 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Standard Self	364	204.44	220.80	139.18	81.62	8.26	442.95	478.40	301.56	176.84	17.90
Standard Family	365	463.09	500.14	316.08	184.06	19.20	1003.36	1083.64	684.84	398.80	41.61
Association Benefit Plan											
High Self	421	191.51	199.17	139.18	59.99	0.44	414.94	431.54	301.56	129.98	-0.95
High Family	422	441.16	458.81	316.08	142.73	0.20	955.85	994.09	684.84	309.25	-0.43
Foreign Service Benefit Plan											
High Self	401	175.69	188.86	139.18	49.68	5.07	380.66	409.20	301.56	107.64	10.99
High Family	402	419.62	451.09	316.08	135.01	13.62	909.18	977.36	684.84	292.52	29.51
Panama Canal Area Benefit Plan											
High Self	431	159.83	167.81	125.86	41.95	1.99	346.30	363.59	272.69	90.90	4.33
High Family	432	333.61	350.29	262.72	87.57	4.17	722.82	758.96	569.22	189.74	9.04
Rural Carrier Benefit Plan											
High Self	381	208.58	225.65	139.18	86.47	8.97	451.92	488.91	301.56	187.35	19.44
High Family	382	424.39	459.11	316.08	143.03	16.87	919.51	994.74	684.84	309.90	36.56
SAMBA											
High Self	441	206.51	233.37	139.18	94.19	18.76	447.44	505.64	301.56	204.08	40.65
High Family	442	486.36	549.58	316.08	233.50	45.37	1053.78	1190.76	684.84	505.92	98.31
Standard Self	444	166.95	183.64	137.73	45.91	4.17	361.73	397.89	298.42	99.47	9.04
Standard Family	445	395.68	419.42	314.57	104.85	5.93	857.31	908.74	681.56	227.18	12.85